

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Montford, Melinda (Ms.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

Austin Police Association PAC

☒ GENERAL

COMMITTEE ADDRESS

400 West 14th Street
Suite B50
Austin, TX 78701☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Escobar, Valencia

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

400 West 14th Street
Suite B50
Austin, TX 7870117 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

1,306.52

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

194,007.72

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

458.98

4. TOTAL POLITICAL EXPENDITURES

\$

225,684.93

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

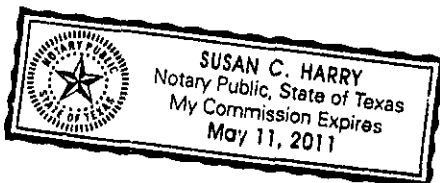
7,530.55

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

25,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melinda Montford

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Montford, this the 31st day of March, 20 08, to certify which, witness my hand and seal of office.

Susan Harry

Signature of officer administering oath

Susan Harry

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/48 Report: 3/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, James 6 Contributor address; City; State; Zip Code 209 Geneseo Rd. San Antonio, TX 78209-5913	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Phil Contributor address; City; State; Zip Code 3000 Briarcrest Dr Suite 508 Bryan, TX 77946	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, David Contributor address; City; State; Zip Code 1804 Val Verde Austin, TX 78732	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amato, Charles Contributor address; City; State; Zip Code 9311 San Pedro, # 600 San Antonio, TX 78216	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 00011114) American Federation of State, County, and Municipal Employees Contributor address; City; State; Zip Code 1625 L St. N.W. Washington, DC 20036	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/48 Report: 4/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anders, Larry 6 Contributor address; City; State; Zip Code 14785 Preston Rd. Suite 1000 Dallas, TX 75254	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Richard Contributor address; City; State; Zip Code 2800 Industrial Terrace Austin, TX 78758	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrade, Hope Contributor address; City; State; Zip Code 8031 Colonial Woods Boerne, TX 78015	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, James Contributor address; City; State; Zip Code 3424 62nd St. Lubbock, TX 79413	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Attwood, Dorothy Contributor address; City; State; Zip Code 12 Elm Court San Antonio, TX 78209	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/48 Report: 5/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Babb, Wes 6 Contributor address; City; State; Zip Code 9401 Prince Charles Austin, TX 78730	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, George Contributor address; City; State; Zip Code 20335 Ventura Blvd. #400 Woodland Hills, CA 91364	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker Wells, Carrie Contributor address; City; State; Zip Code 117 Canterbury Hill St. San Antonio, TX 78209	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beauchamp, John Contributor address; City; State; Zip Code 240 Bushnell #430 San Antonio, TX 78212	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benninger, Edward Contributor address; City; State; Zip Code 21 Devonwood San Antonio, TX 78257	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/48 Report: 6/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biegler, David 6 Contributor address; City; State; Zip Code 1700 Prairie Ave., Ste 2350 Dallas, TX 75201	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biggs, Glenn Contributor address; City; State; Zip Code #2 Glendalough Court San Antonio, TX 78209	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Binder, Freemont Contributor address; City; State; Zip Code 4719 Prairie Dunes Dr. Austin, TX 78747	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bluntzer, Rick Contributor address; City; State; Zip Code 9808 Toppel Cove Austin, TX 78730	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Botkin, Ryan Contributor address; City; State; Zip Code 1606 Northwood Rd. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/48 Report: 7/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boucher, Beverly 6 Contributor address; City; State; Zip Code 2709 Ithaca Court Plano, TX 75025	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowers, Kimberly Contributor address; City; State; Zip Code 15631 Cloud Top San Antonio, TX 78248	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyan, Elise Contributor address; City; State; Zip Code 605 Garraty Road San Antonio, TX 78209	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Jr. Contributor address; City; State; Zip Code P.O. Box 389 Uvalde, TX 78802	Amount of contribution (\$) \$25,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Jr. Contributor address; City; State; Zip Code P.O. Box 389 Uvalde, TX 78802	Amount of contribution (\$) \$25,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/48 Report: 8/81	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph Jr. 6 Contributor address; City; State; Zip Code P.O. Box 389 Uvalde, TX 78802	7 Amount of contribution (\$) \$25,000.00	8 In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 03/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, George Contributor address; City; State; Zip Code 8812 Mesa Dr Austin, TX 78838	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Don Contributor address; City; State; Zip Code 4213 Avenue F Austin, TX 78751	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Robert Contributor address; City; State; Zip Code 6949 Market Street El Paso, TX 79915	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Robert Contributor address; City; State; Zip Code 1309 E. Hwy 180 Lamesa, TX 79331-7925	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/48 Report: 9/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byram, John 6 Contributor address; City; State; Zip Code 510 S. Congress Ave., Ste. 400 Austin, TX 78704	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Don Contributor address; City; State; Zip Code 405 N. Broadway Ave., Ste 105 Oklahoma City, OK 73102-6404	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calcote, Mary L. Contributor address; City; State; Zip Code 5710 Highland Hills Cir. Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cammack & Strong, P.C. Contributor address; City; State; Zip Code 919 Congress Ave. Suite 1400 Austin, TX 78701	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camp, Guy Contributor address; City; State; Zip Code 3209 Barnsley Drive Austin, TX 78745	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/48 Report: 10/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Kenton 6 Contributor address; City; State; Zip Code 10103 Wildflower Lane Austin, TX 78733	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camp-Lee, Susan Contributor address; City; State; Zip Code 129 Liscio Loop Georgetown, TX 78628	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caperton, Kent Contributor address; City; State; Zip Code 4231 Westlake Dr. Apt. 3 Austin, TX 78746-1460	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlton, Donald Contributor address; City; State; Zip Code 403 N. Weston Lane Austin, TX 78733	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Mindy Contributor address; City; State; Zip Code 3945 Sendero Drive Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/48 Report: 11/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Cassandra 6 Contributor address; City; State; Zip Code 4400 River Garden Trail Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Stan Contributor address; City; State; Zip Code 5005 Westview Dr. Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chambers, Trey Contributor address; City; State; Zip Code 3111 Cavalcade Ct. Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chan, Elisa Contributor address; City; State; Zip Code 613 Contadora San Antonio, TX 78258	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chaney, Paula Contributor address; City; State; Zip Code 3300 Glenview Avenue Austin, TX 78703	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/48 Report: 12/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cicconi, James 6 Contributor address; City; State; Zip Code 175 E. Houston #1308 San Antonio, TX 78205	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clingman, JF Contributor address; City; State; Zip Code 6 Morning Downs San Antonio, TX 78257-1227	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Regan Contributor address; City; State; Zip Code 5404 Shoal Creek Blvd Austin, TX 78756-1817	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Responsible Government of Temple Inland Contributor address; City; State; Zip Code 401 West 15th Street, Suite 840 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Thomas Contributor address; City; State; Zip Code 1412 Gaston Avenue Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/48 Report: 13/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Jacy 6 Contributor address; City; State; Zip Code 2511 Spring Lane Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dudley, Gary Contributor address; City; State; Zip Code 9311 San Pedro, Suite 600 San Antonio, TX 78216-4459	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edgar, Donna Contributor address; City; State; Zip Code 5409 Highland Crest Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Egert, Bill Contributor address; City; State; Zip Code 5502 Country Road 7540 Lubbock, TX 79424-6594	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, James Contributor address; City; State; Zip Code 225 Geneseo Rd. San Antonio, TX 78209-8330	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/48 Report: 14/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Embrey, Ty 6 Contributor address; City; State; Zip Code 2013 A Gathright Cove Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Epperson, Deborah Contributor address; City; State; Zip Code 103 Las Lomas Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erickson, Stephen E. Contributor address; City; State; Zip Code 1704 Summitt View Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Akwasi Contributor address; City; State; Zip Code P.O. Box 1131 Austin, TX 78767	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Falls, Craig Contributor address; City; State; Zip Code 3401 Riva Ridge Road Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/48 Report: 15/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farabee, Ray 6 Contributor address; City; State; Zip Code 2702 Rockingham Dr. Austin, TX 78704	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farabee, Steve Contributor address; City; State; Zip Code 311 Westhaven Dr. Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Robert Contributor address; City; State; Zip Code 742 College Blvd. San Antonio, TX 78209	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finck, Bill Contributor address; City; State; Zip Code P. O. Box 831007 San Antonio, TX 78283-1007	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fletcher, George Contributor address; City; State; Zip Code 335 Fairview CT Coppell, TX 75019-2276	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/48 Report: 16/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Manny 6 Contributor address; City; State; Zip Code 206E. 9th Street Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ford, Gerald Contributor address; City; State; Zip Code 200 Crescent Court, Suite 1350 Dallas, TX 75201	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frazell, William Contributor address; City; State; Zip Code P.O. Box 28249 Austin, TX 78755-8249	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frederick, Joseph Contributor address; City; State; Zip Code 1135 Barton Hills Drive #241 Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller Company Contributor address; City; State; Zip Code P.O Box 2454 Lubbock, TX 79408	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/48 Report: 17/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gamble, Phil 6 Contributor address; City; State; Zip Code 6433 Soter Pkwy Austin, TX 78735	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Gustavo Jr. Contributor address; City; State; Zip Code 7401 Ophelia Drive Austin, TX 78752	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gott, Christine Contributor address; City; State; Zip Code 12 Darby Glen San Antonio, TX 78257	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goudge, Jim Contributor address; City; State; Zip Code 254 Cave Lane San Antonio, TX 78209	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granger, Tom Contributor address; City; State; Zip Code 2612 Wooldridge Dr. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/48 Report: 18/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grant, Phillip 6 Contributor address; City; State; Zip Code 811 Hank Aaron Lane Austin, TX 78665	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grant, US Contributor address; City; State; Zip Code 112 Yellowstone Road Georgetown, TX 78628	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Curtis Contributor address; City; State; Zip Code P.O. Box 5060 Lubbock, TX 79403	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guenther, Jack Contributor address; City; State; Zip Code 153 Treeline Park, Suite 300 San Antonio, TX 78209	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardberger, Phil Contributor address; City; State; Zip Code 319 W. Hollywood Blvd. San Antonio, TX 78212	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/48 Report: 19/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrington, Dale 6 Contributor address; City; State; Zip Code 10430 Morado Circle #2312 Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, David Contributor address; City; State; Zip Code 404 Rio Grande St. Apt. 134 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawn, Reed Contributor address; City; State; Zip Code 3605 Steck Ave Apt 1083 Austin, TX 78759	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henniger, Thomas Contributor address; City; State; Zip Code 4009 Avenue A Austin, TX 78751	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herndon, Dealy Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/48 Report: 20/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herrera, Frank Jr. 6 Contributor address; City; State; Zip Code 105 Blackhawk Trail San Antonio, TX 78232	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heyer, William Contributor address; City; State; Zip Code 3205 Greenlee Dr. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Richard Contributor address; City; State; Zip Code 2306 Woodlawn Blvd. Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Ranc, Holub Law Firm Contributor address; City; State; Zip Code 1307 Nueces Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jo Ann Contributor address; City; State; Zip Code 1501 Easy Street Austin, TX 78746	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/48 Report: 21/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jolie 6 Contributor address; City; State; Zip Code 1047 Althea Drive Houston, TX 77018	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, GD Contributor address; City; State; Zip Code 3730 94th Pl Lubbock, TX 78836	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter, Stephanie Contributor address; City; State; Zip Code 1804 Nickerson Austin, TX 78704	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBC Pac Contributor address; City; State; Zip Code 130 E. Travis San Antonio, TX 78205	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Andrea Contributor address; City; State; Zip Code 1400 Winsted Lane Austin, TX 78703	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/48 Report: 22/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Ron 6 Contributor address; City; State; Zip Code 5804 Lakeview Circle Austin, TX 78731-3616	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe Berndt, Jolie Contributor address; City; State; Zip Code 6111 Broadway San Antonio, TX 78209	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe Berndt, Jolie Contributor address; City; State; Zip Code 6111 Broadway San Antonio, TX 78209	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jastrow, Kenneth Contributor address; City; State; Zip Code P.O. Box 40 Austin, TX 78767	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Janette Contributor address; City; State; Zip Code 701 N. St. Mary's St. Apt. 25 San Antonio, TX 78205-1379	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/48 Report: 23/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Thomas 6 Contributor address; City; State; Zip Code P.O. Box 2185 Austin, TX 78768	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Travis Contributor address; City; State; Zip Code 201 E. Main, Suite 1600 El Paso, TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnston, Joe Contributor address; City; State; Zip Code 302 Country Wood Dr. San Antonio, TX 78216	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Harold Contributor address; City; State; Zip Code 308 Vicksburg Ave. Lubbock, TX 79416	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Shanna Contributor address; City; State; Zip Code 7600 Fireoak Drive Austin, TX 78759-6442	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/48 Report: 24/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keene, Russ 6 Contributor address; City; State; Zip Code P.O. Box 50200 Austin, TX 78763	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelleher, Herb Contributor address; City; State; Zip Code P. O. Box 36611 2702 Love Field Dallas, TX 75235-1611	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Gary Contributor address; City; State; Zip Code 3232 Breton Dr. Plano, TX 75025	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Gary Contributor address; City; State; Zip Code 3232 Breton Dr. Plano, TX 75025	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kempner, Randall Contributor address; City; State; Zip Code 1726 17th St. NW #202 Washington, DC 20009	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/48 Report: 25/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Renda 6 Contributor address; City; State; Zip Code 10609 Pickfair Drive Austin, TX 78951	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kleberg, Stephen Contributor address; City; State; Zip Code P.O. Box 17777 San Antonio, TX 78217	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kubricht, William Contributor address; City; State; Zip Code 602 Indiana Avenue Lubbock, TX 79415	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kubricht, William Contributor address; City; State; Zip Code 602 Indiana Avenue Lubbock, TX 79415	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake, Rod Contributor address; City; State; Zip Code 10203 Pemcrest San Antonio, TX 78240	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/48 Report: 26/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lance, Kent Jr. 6 Contributor address; City; State; Zip Code 3600 N Capital of TX Hwy Bldg B Ste 250 Austin, TX 78746	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Landa, Louis Contributor address; City; State; Zip Code 14 Woodstone Square Austin, TX 78703-1164	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Douglas Contributor address; City; State; Zip Code 7808 Boedeker Dallas, TX 75225	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Douglas Contributor address; City; State; Zip Code 7808 Boedeker Dallas, TX 75225	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Jeffrey Contributor address; City; State; Zip Code 4216 SW Clarion Lakes Topeka, KS 66610	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/48 Report: 27/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liner, Mike 6 Contributor address; City; State; Zip Code 7110 76th Lubbock, TX 79424	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loeffler, Nancy Contributor address; City; State; Zip Code 150 Thelma San Antonio, TX 78212	Amount of contribution (\$) \$744.39	In-kind contribution description (if applicable) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loehman, Jon Contributor address; City; State; Zip Code 900 Yaupon Valley Rd. Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, David Contributor address; City; State; Zip Code 427 Cadence Hill San Antonio, TX 78260	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lusher, Ted Contributor address; City; State; Zip Code 7743 Escala Dr. Austin, TX 78735-1543	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/48 Report: 28/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallick, Michael 6 Contributor address; City; State; Zip Code 3715 Camp Bowie Blvd. Fort Worth, TX 76107	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marbut, Bob Contributor address; City; State; Zip Code 200 Concord Plaza, Ste 700 San Antonio, TX 78216	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marks, Mozelle Contributor address; City; State; Zip Code 6000 Lonesome Valley Trail Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marmion, Janey Contributor address; City; State; Zip Code P.O. Box 390 Uvalde, TX 78802	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Leonard Contributor address; City; State; Zip Code 812 San Antonio, Suite 101 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/48 Report: 29/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauro, Robert 6 Contributor address; City; State; Zip Code 801 Circle Dr. Winnsboro, TX 75494	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClane, Robert Contributor address; City; State; Zip Code 100 W. Houston St. Suite 1616 San Antonio, TX 78205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCombs, B.J. Contributor address; City; State; Zip Code PO Box BH003 San Antonio, TX 78201	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCracken, Brewster Contributor address; City; State; Zip Code 3616 Far West Blvd, Ste 117-231 Austin, TX 78731-3082	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGowan Johnson, Anne Contributor address; City; State; Zip Code 9615 Hillview Drive Dallas, TX 75231	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/48 Report: 30/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, Michael 6 Contributor address; City; State; Zip Code 1830 Church St. Sulphur Springs, TX 75482	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKone, Tim Contributor address; City; State; Zip Code 9174 Rosemary Lena Way Alexandria, VA 22309	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLaughlin, Laure Contributor address; City; State; Zip Code 2106 Wychwood Drive Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNelis, Edward Contributor address; City; State; Zip Code 213 Otter Creek Ct Austin, TX 78734-5250	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNelis, Edward Contributor address; City; State; Zip Code 213 Otter Creek Ct Austin, TX 78734-5250	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/48 Report: 31/81

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/25/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Melton, Janna

6 Contributor address; City; State; Zip Code
10202 Mystic Oaks Circle
Austin, TX 78750

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/29/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Meredith, Lynn

Contributor address; City; State; Zip Code
70 Pascal Lane
Austin, TX 78746

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Meroney, Shannon

Contributor address; City; State; Zip Code
6901 Glen Ridge Drive
Austin, TX 78731

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Merritt, Christine

Contributor address; City; State; Zip Code
6301 Wilbur Drive
Austin, TX 78757

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Metcalf, Mark

Contributor address; City; State; Zip Code
1015 Camp Nile
San Antonio, TX 78258

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/48 Report: 32/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/06/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Middleton, David 6 Contributor address; City; State; Zip Code 901 W 9th #408 Austin, TX 78703	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller Investments Contributor address; City; State; Zip Code 3414 63rd St. Lubbock, TX 79413	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minch, Jeff Contributor address; City; State; Zip Code 1402 Ethridge Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minch, Tempe Contributor address; City; State; Zip Code 1402 Ethridge Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John Contributor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257	Amount of contribution (\$) \$1,360.00	In-kind contribution description (if applicable) travel expenses, postage, communications & data/wireless services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/48 Report: 33/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Linda 6 Contributor address; City; State; Zip Code 6627 Robin Road Dallas, TX 75209	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, J.G. Contributor address; City; State; Zip Code 1500 Broadway #1101 Lubbock, TX 79401	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moseley, Rheda Contributor address; City; State; Zip Code 4424 Meadows Lane Round Rock, TX 78665	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mouer, John Contributor address; City; State; Zip Code 600 Travis Street, Suite 3400 Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mullins, Charles Contributor address; City; State; Zip Code 4203 Farhills Dr. Austin, TX 78731-2813	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/48 Report: 34/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murdock, Mark 6 Contributor address; City; State; Zip Code 11004 Plumewood Austin, TX 78750	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabers, Lynn Contributor address; City; State; Zip Code 6034 W. Courtyard Dr., Ste 100-B Austin, TX 78730-5070	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Najim, Harvey Contributor address; City; State; Zip Code 33 Champion Tr. San Antonio, TX 78258	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nalle, Karen Contributor address; City; State; Zip Code 4901 Timberline Drive Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicolas, Emilio Contributor address; City; State; Zip Code 2600 Lake Austin Blvd. #11202 Austin, TX 78703	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/48 Report: 35/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connell, Douglas 6 Contributor address; City; State; Zip Code 6603 Mesa Dr. Austin, TX 78731	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Dwyer, George Contributor address; City; State; Zip Code 500 Sunny Lane Austin, TX 78704	Amount of contribution (\$) \$1,166.00	In-kind contribution description (if applicable) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olsen, Lawrence Contributor address; City; State; Zip Code 1301 Puddleby Cove Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmer, Jay Contributor address; City; State; Zip Code 2901 Bee Caves Rd., Ste. G Austin, TX 78746	Amount of contribution (\$) \$2,333.33	In-kind contribution description (if applicable) Office Space (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Marcie Contributor address; City; State; Zip Code 10106 Brantley Bend Austin, TX 78774	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/48 Report: 36/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrish, Linda 6 Contributor address; City; State; Zip Code P.O. Box 247 Meadow, TX 79345-0247	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parsley, Cathleen Contributor address; City; State; Zip Code 7302 Waterline Rd. Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pate, Gardner Contributor address; City; State; Zip Code 3050 Tamarron Blvd Apt. 2304 Austin, TX 78746-8018	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Karen Contributor address; City; State; Zip Code 7511 Fireoak Dr. Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, David Contributor address; City; State; Zip Code P.O. Drawer 1500 Corpus Christi, TX 78403	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pewitt, Bill 6 Contributor address; City; State; Zip Code 1015 Gaston Ave. Austin, TX 78703	7 Amount of contribution (\$) \$672.48	8 In-kind contribution description (if applicable) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pilgrim, Harold Contributor address; City; State; Zip Code 125 Aylesbury Hill St. San Antonio, TX 78258	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinion, John Contributor address; City; State; Zip Code 911 Woodridge Lane Cedar Park, TX 78613-5003	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pollard, Dick Contributor address; City; State; Zip Code 6609 Norfolk Ave. Lubbock, TX 79413	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Gene Contributor address; City; State; Zip Code 11 Lynn Batts, Lane Suite 100 San Antonio, TX 78218	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/48 Report: 38/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Twanna 6 Contributor address; City; State; Zip Code P.O. Box 468 Amarillo, TX 79105	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Twanna Contributor address; City; State; Zip Code P.O. Box 468 Amarillo, TX 79105	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Racz Trust Contributor address; City; State; Zip Code 7445 Las Colinas Blvd Irving, TX 75063	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Andrew Contributor address; City; State; Zip Code 10301 River Plantation Dr. Austin, TX 78747	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raymond, Richard Contributor address; City; State; Zip Code 304 Latour Court Laredo, TX 78041	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/48 Report: 39/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reid, Susan 6 Contributor address; City; State; Zip Code 7897 Broadway #301 San Antonio, TX 78209	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Alfred Jr. Contributor address; City; State; Zip Code 539 Bluff Estates San Antonio, TX 78216	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricks, Ron Contributor address; City; State; Zip Code 6338 Azalea Lane Dallas, TX 75230	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ridley, Barton Contributor address; City; State; Zip Code 1212 Gardengrove Ct. Plano, TX 75075	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robnett, Cappy Contributor address; City; State; Zip Code 1821 San Jacinto St. Castroville, TX 78009	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/48 Report: 40/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Andrea 6 Contributor address; City; State; Zip Code 13159 Queens Forest San Antonio, TX 78230	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal & Watson PC Contributor address; City; State; Zip Code 6601 Vaught Ranch Road, Suite 200 Austin, TX 78730	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudd, Brenda Contributor address; City; State; Zip Code 715 Windsong Trail Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saathoff, Connie Contributor address; City; State; Zip Code 100 Lowell Lane Austin, TX 78733	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sakai, Peter Contributor address; City; State; Zip Code P.O. Box 15139 San Antonio, TX 78212	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/48 Report: 41/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sakai, Peter 6 Contributor address; City; State; Zip Code P.O. Box 15139 San Antonio, TX 78212	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salch, Susan Contributor address; City; State; Zip Code 8924 West Hove Loop Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Froy Contributor address; City; State; Zip Code 3604 Harpers Ferry Lane Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanford, Marion Contributor address; City; State; Zip Code 1813 Vance Circle Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanford, Marion Contributor address; City; State; Zip Code 1813 Vance Circle Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/48 Report: 42/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schnell, Ardis 6 Contributor address; City; State; Zip Code 9802 Mandeville Circle Austin, TX 78750	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Marilyn Contributor address; City; State; Zip Code 1122 Colorado St., #2102 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Secrest, Dorothy Contributor address; City; State; Zip Code P.O. Box 929 Occidental, CA 95465	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheldon, David Contributor address; City; State; Zip Code 7505 Long Point Dr. Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelley, James Contributor address; City; State; Zip Code 158 Manchester Way San Antonio, TX 78249	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/48 Report: 43/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shepard, R.W. 6 Contributor address; City; State; Zip Code 5348 Papaya Cr Harlingen, TX 78552	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shields, P.C. Contributor address; City; State; Zip Code 1005 Congress Avenue, Suite 480 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shivers, Allan Jr. Contributor address; City; State; Zip Code 2905 San Gabriel, Suite 213 Austin, TX 78705	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siebert, William Contributor address; City; State; Zip Code 3811 Hunters Trail San Antonio, TX 78230-2065	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simons, Doyle Contributor address; City; State; Zip Code 3604 Avendale Dr. Bee Cave, TX 78738-5026	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/48 Report: 44/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sims, John 6 Contributor address; City; State; Zip Code P.O. Box 10236 Lubbock, TX 79408	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Singley, Michael Contributor address; City; State; Zip Code 7726 Lakewood Drive Austin, TX 78750	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Small, Ed Contributor address; City; State; Zip Code 100 Congress Ste. 1100 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kip Contributor address; City; State; Zip Code 2707 Rio Grande St. Apt. 509 Austin, TX 78705	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snyder, Dean Atlee Contributor address; City; State; Zip Code 3020 Maravillas Loop Austin, TX 78735	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/48 Report: 45/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snyder, Lee Ann 6 Contributor address; City; State; Zip Code 3020 Maravillas Loop Austin, TX 78735	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soto, Gilbert Contributor address; City; State; Zip Code 116 Giancarlos Lane Buda, TX 78610	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spencer, David Contributor address; City; State; Zip Code 26610 Harmony Hills San Antonio, TX 78258	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kristin Contributor address; City; State; Zip Code 4906 Tortuga Place Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stern, Jay Contributor address; City; State; Zip Code 314 Reveille Road Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/48 Report: 46/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stiles, Mark 6 Contributor address; City; State; Zip Code P.O. Box 568887 Dallas, TX 75356	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strange, Clay Contributor address; City; State; Zip Code 105 Golden Bear Dr Austin, TX 78738-1720	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Talley, Joan Contributor address; City; State; Zip Code 2807 Bowman Ave. Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Timothy Contributor address; City; State; Zip Code 1902 Stamford Lane Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Law Offices of Sandra Ritz Contributor address; City; State; Zip Code 902 Rio Grande Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 45/48 Report: 47/81	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Bubba 6 Contributor address; City; State; Zip Code 403 C Greenleaf Horseshoe Bay, TX 78657	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 03/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Mike Contributor address; City; State; Zip Code 1400 Stratford PL Mc Kinney, TX 75071-7481	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 03/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, George Contributor address; City; State; Zip Code P.O. Box 65150 Lubbock, TX 79408	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, Julian Contributor address; City; State; Zip Code 332 King William San Antonio, TX 78204	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turcotte, Toni Contributor address; City; State; Zip Code 6314 Haney Drive Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/48 Report: 48/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umstead, Diane 6 Contributor address; City; State; Zip Code 1201 Claire Ave. Austin, TX 78703	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee Pac Contributor address; City; State; Zip Code USAA Building D-3-W San Antonio, TX 78288	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Villanueva, Daniel Contributor address; City; State; Zip Code 55 South Lake Avenue Suite 850 Pasadena, CA 91101	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, Ralph Contributor address; City; State; Zip Code 3902 Pebble Path Austin, TX 78731	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wells, Tullos Contributor address; City; State; Zip Code 106 S. St. Mary's, Suite 800 San Antonio, TX 78205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 47/48 Report: 49/81

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/24/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Welsch, Linden

6 Contributor address; City; State; Zip Code
10902 Plumewood
Austin, TX 78750

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Whittenburg, James

02/26/2008

Contributor address; City; State; Zip Code
13406 Tierra Dr.
Austin, TX 78727

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilkerson, John

03/07/2008

Contributor address; City; State; Zip Code
P.O. Box 2525
Lubbock, TX 79408

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilkes, Morris

03/11/2008

Contributor address; City; State; Zip Code
4615 10th Street
Lubbock, TX 79416

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wolfe, Robert

03/19/2008

Contributor address; City; State; Zip Code
605 North Sierra Drive
Beverly Hills, CA 90210

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/48 Report: 50/81

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/27/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Yarbrough, Brian

6 Contributor address; City; State; Zip Code
3201 Highland Terrace W
Austin, TX 78731

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zachry, Bartell

Contributor address; City; State; Zip Code
310 S Saint Mary St., Ste 2400
San Antonio, TX 78205-3140

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zamora-Garcia, Blanca

Contributor address; City; State; Zip Code
1715 S. 1st St.
Austin, TX 78704

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 51/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄			\$
5 Date of loan 03/08/2008	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, Debbie		9 Loan Amount (\$) \$12,500.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		10 Interest rate 0
			11 Maturity date 04/09/2008
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 03/08/2008	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.		Loan Amount (\$) \$12,500.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		Interest rate 0
			Maturity date 04/09/2008
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/30 Report: 52/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 02/29/2008	5 Payee name Alvarez, Kiara 6 Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/14/2008	Payee name Alvarez, Kiara Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/28/2008	Payee name Alvarez, Kiara Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	Amount (\$) \$625.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/29/2008	Payee name American Express Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072	Amount (\$) \$91.72
Purpose of payment (See instructions regarding type of information required.) credit card processing fees for reporting period (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/30 Report: 53/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/28/2008	5 Payee name Arriola, Richard 6 Payee address; City; State; Zip Code P.O. Box 152588 Austin, TX 78715-2588	7 Amount (\$) \$2,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 02/28/2008	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$) \$3,440.83	
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/14/2008	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$) \$79.93	
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/28/2008	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 650661 Austin, TX 75265-0661	Amount (\$) \$1,394.94	
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/30 Report: 54/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/28/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	7 Amount (\$) \$495.42
8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/27/2008	Payee name Austin Screen Printing Payee address; City; State; Zip Code 4204 Medical Parkway Austin, TX 78756	Amount (\$) \$697.50
Purpose of payment (See instructions regarding type of information required.) T-shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/14/2008	Payee name Austin Screen Printing Payee address; City; State; Zip Code 4204 Medical Parkway Austin, TX 78756	Amount (\$) \$91.59
Purpose of payment (See instructions regarding type of information required.) T-shirt printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/28/2008	Payee name Austin Screen Printing Payee address; City; State; Zip Code 4204 Medical Parkway Austin, TX 78756	Amount (\$) \$431.65
Purpose of payment (See instructions regarding type of information required.) T-shirt printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/30 Report: 55/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/29/2008	5 Payee name Big Lots 6 Payee address; City; State; Zip Code 801 East William Cannon Dr. Austin, TX 78745	7 Amount (\$) \$32.04
8 Purpose of payment (See instructions regarding type of information required.) supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/01/2008	Payee name Big Lots Payee address; City; State; Zip Code 801 East William Cannon Dr. Austin, TX 78745	Amount (\$) \$63.65
Purpose of payment (See instructions regarding type of information required.) supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/24/2008	Payee name Capitol Rubber Stamp Payee address; City; State; Zip Code 3314 South Congress Austin, TX 78704	Amount (\$) \$92.01
Purpose of payment (See instructions regarding type of information required.) stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2008	Payee name City of Austin Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267	Amount (\$) \$84.58
Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/30 Report: 56/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/14/2008	5 Payee name City of Austin 6 Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267	7 Amount (\$) \$357.35
8 Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/28/2008	Payee name City of Austin Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267	Amount (\$) \$231.35
Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/29/2008	Payee name Cope, Julie Payee address; City; State; Zip Code 920 E. 40th St. #304 Austin, TX 78751	Amount (\$) \$960.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/14/2008	Payee name Cope, Julie Payee address; City; State; Zip Code 920 E. 40th St. #304 Austin, TX 78751	Amount (\$) \$786.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/30 Report: 57/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/28/2008	5 Payee name Cope, Julie 6 Payee address; City; State; Zip Code 920 E. 40th St. #304 Austin, TX 78751	7 Amount (\$) \$720.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/01/2008	Payee name Costco Payee address; City; State; Zip Code 641 S. Mopac Austin, TX 78749	Amount (\$) \$101.07	
Purpose of payment (See instructions regarding type of information required.) supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/20/2008	Payee name Costco Payee address; City; State; Zip Code 641 S. Mopac Austin, TX 78749	Amount (\$) \$176.25	
Purpose of payment (See instructions regarding type of information required.) supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 02/25/2008	Payee name Discount Electronics Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	Amount (\$) \$3,265.90	
Purpose of payment (See instructions regarding type of information required.) office equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/30 Report: 58/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date	5 Payee name Discount Electronics	7 Amount (\$)
03/26/2008	6 Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	\$289.03

8 Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name Doubletree Club	Amount (\$)
03/04/2008	Payee address; City; State; Zip Code 1617 IH-35 Austin, TX 78702	\$277.95

Purpose of payment (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Doubletree Guest Suites	Amount (\$)
03/24/2008	Payee address; City; State; Zip Code 303 W. 15th Street Austin, TX 78701	\$614.86

Purpose of payment (See instructions regarding type of information required.) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date	Payee name E Communications Advantage, Inc.	Amount (\$)
03/25/2008	Payee address; City; State; Zip Code 8317 Cross Park Drive Austin, TX 78754	\$10,000.00

Purpose of payment (See instructions regarding type of information required.) consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/30 Report: 59/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/24/2008	5 Payee name Gerbe, Bret 6 Payee address; City; State; Zip Code 2606 Carnavon Lane #A Austin, TX 78704	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) photography (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/03/2008	Payee name Gillis & Krebs Payee address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746	Amount (\$) \$2,357.50
Purpose of payment (See instructions regarding type of information required.) graphic and web design (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/24/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 2400 S. Congress Avenue Austin, TX 78704	Amount (\$) \$51.81
Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/24/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 2400 S. Congress Avenue Austin, TX 78704	Amount (\$) \$148.26
Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/30 Report: 60/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/03/2008	5 Payee name HEB Grocery 6 Payee address; City; State; Zip Code 1000 E. 41st Austin, TX 78751	7 Amount (\$) \$17.44
8 Purpose of payment (See instructions regarding type of information required.) Election Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 1000 E. 41st Austin, TX 78751	Amount (\$) \$84.40
Purpose of payment (See instructions regarding type of information required.) Election Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/11/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 1000 E. 41st Austin, TX 78751	Amount (\$) \$6.27
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/22/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 1000 E. 41st Austin, TX 78751	Amount (\$) \$117.20
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/30 Report: 61/81

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

03/03/2008

5 Payee name

Hensley & Associates, L.C.

7

Amount

(\$)

\$7,008.74

6 Payee address; City; State; Zip CodeP.O. Box 700783
Austin, TX 78270**8** Purpose of payment (See instructions regarding type of information required.)

Consulting/Mileage

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

03/14/2008

Payee name

Hensley & Associates, L.C.

Amount

(\$)

\$14,389.05

Payee address; City; State; Zip Code

P.O. Box 700783
Austin, TX 78270

Purpose of payment (See instructions regarding type of information required.)

Consulting/Mileage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

02/26/2008

Payee name

Hispanic Chamber of Commerce

Amount

(\$)

\$1,000.00

Payee address; City; State; Zip Code

2800 S. IH 35
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

event sponsorship

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

03/04/2008

Payee name

Hobby Lobby

Amount

(\$)

\$141.70

Payee address; City; State; Zip Code

8000 Research Blvd.
Austin, TX 78758

Purpose of payment (See instructions regarding type of information required.)

Election Event Expenses

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/30 Report: 62/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/26/2008	5 Payee name Hoffbrau Haus 6 Payee address; City; State; Zip Code 613 W. 6th St. Austin, TX 78701	7 Amount (\$) \$50.38	
8 Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 02/29/2008	Payee name Hoing, Lisa Payee address; City; State; Zip Code 1800 Plateau Vista Blvd., #17201 Round Rock, TX 78664	Amount (\$) \$1,064.00	
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/14/2008	Payee name Hoing, Lisa Payee address; City; State; Zip Code 1800 Plateau Vista Blvd., #17201 Round Rock, TX 78664	Amount (\$) \$1,407.00	
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/28/2008	Payee name Hoing, Lisa Payee address; City; State; Zip Code 1800 Plateau Vista Blvd., #17201 Round Rock, TX 78664	Amount (\$) \$1,267.00	
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/30 Report: 63/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/29/2008	5 Payee name Holmes, David 6 Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	7 Amount (\$) \$1,250.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/14/2008	Payee name Holmes, David Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/28/2008	Payee name Holmes, David Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Home Depot Payee address; City; State; Zip Code 7211 North I-35 Austin, TX 78752	Amount (\$) \$64.70
Purpose of payment (See instructions regarding type of information required.) Election Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/30 Report: 64/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/18/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 IH-35 Austin, TX 78704	7 Amount (\$) \$9.81	
8 Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/25/2008	Payee name Home Depot Payee address; City; State; Zip Code 3600 IH-35 Austin, TX 78704	Amount (\$) \$38.83	
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 02/25/2008	Payee name John Donor & Associates, Inc. Payee address; City; State; Zip Code 823 Congress Ave., Suite 1030 Austin, TX 78701	Amount (\$) \$3,393.41	
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 03/17/2008	Payee name KCZ Consulting Payee address; City; State; Zip Code 2720 Lightfoot Drive Baltimore, MD 21209	Amount (\$) \$1,000.00	
Purpose of payment (See instructions regarding type of information required.) calling services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/30 Report: 65/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/21/2008	5 Payee name KCZ Consulting 6 Payee address; City; State; Zip Code 2720 Lightfoot Drive Baltimore, MD 21209	7 Amount (\$) \$383.70
8 Purpose of payment (See instructions regarding type of information required.) calling services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/25/2008	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	Amount (\$) \$14,566.83
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2008	Payee name Kinkos Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	Amount (\$) \$573.27
Purpose of payment (See instructions regarding type of information required.) copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2008	Payee name Kinkos Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	Amount (\$) \$33.38
Purpose of payment (See instructions regarding type of information required.) copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/30 Report: 66/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/14/2008	5 Payee name Kinkos 6 Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	7 Amount (\$) \$6.45
8 Purpose of payment (See instructions regarding type of information required.) copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2008	Payee name Lavaca Street Deli Payee address; City; State; Zip Code 1403 Lavaca Austin, TX 78701	Amount (\$) \$9.53
Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Lavaca Street Deli Payee address; City; State; Zip Code 1403 Lavaca Austin, TX 78701	Amount (\$) \$13.13
Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Lavaca Street Deli Payee address; City; State; Zip Code 1403 Lavaca Austin, TX 78701	Amount (\$) \$479.23
Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/30 Report: 67/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/17/2008	5 Payee name Lavaca Street Deli 6 Payee address; City; State; Zip Code 1403 Lavaca Austin, TX 78701	7 Amount (\$) \$11.79
8 Purpose of payment (See instructions regarding type of information required.) meeting meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/29/2008	Payee name Mastercard/Visa Services Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$) \$248.58
Purpose of payment (See instructions regarding type of information required.) credit card processing fees for reporting period (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/26/2008	Payee name Melissa Data Payee address; City; State; Zip Code 22382 Avenida Empresa Rancho Santa Margarita, CA 92688	Amount (\$) \$175.85
Purpose of payment (See instructions regarding type of information required.) Data services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/24/2008	Payee name Mr. Gatti's Payee address; City; State; Zip Code 3711 Guadalupe Austin, TX 78701	Amount (\$) \$215.00
Purpose of payment (See instructions regarding type of information required.) volunteer meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/30 Report: 68/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/26/2008	5 Payee name Mr. Gatti's 6 Payee address; City; State; Zip Code 3711 Guadalupe Austin, TX 78701	7 Amount (\$) \$73.71
8 Purpose of payment (See instructions regarding type of information required.) volunteer meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2008	Payee name Nerio, David Payee address; City; State; Zip Code 9638 Cloverdale San Antonio, TX 78250	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2008	Payee name Nerio, David Payee address; City; State; Zip Code 9638 Cloverdale San Antonio, TX 78250	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/13/2008	Payee name Nerio, David Payee address; City; State; Zip Code 9638 Cloverdale San Antonio, TX 78250	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/30 Report: 69/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/24/2008	5 Payee name Nokoa Newspaper 6 Payee address; City; State; Zip Code P.O. Box 1131 Austin, TX 78767-1131	7 Amount (\$) \$800.00
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8 Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/25/2008	Payee name Nuevo Leon Payee address; City; State; Zip Code 1501 E. 6th Street Austin, TX 78702	Amount (\$) \$321.15
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Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/28/2008	Payee name Office Depot Payee address; City; State; Zip Code 4501 West Braker Lane Austin, TX 78759	Amount (\$) \$62.76
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Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/28/2008	Payee name Office Depot Payee address; City; State; Zip Code 4501 West Braker Lane Austin, TX 78759	Amount (\$) \$18.39
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Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/30 Report: 70/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 02/29/2008	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 4501 West Braker Lane Austin, TX 78759	7 Amount (\$) \$27.57
8 Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/25/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$50.92
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/26/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$49.99
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/01/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$15.69
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/30 Report: 71/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/24/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$39.95
8 Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/25/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$19.03
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/26/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$11,228.50
Purpose of payment (See instructions regarding type of information required.) Media & Production (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/03/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$2,600.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/30 Report: 72/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/13/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$7,500.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/21/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$20,175.60
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/24/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$31,310.60
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/27/2008	Payee name Prolink Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	Amount (\$) \$20,285.00
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/30 Report: 73/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/28/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$7,489.80
8 Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/14/2008	Payee name Publik Pictures Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	Amount (\$) \$18,854.00
Purpose of payment (See instructions regarding type of information required.) Television Production (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/25/2008	Payee name Publik Pictures Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	Amount (\$) \$8,000.00
Purpose of payment (See instructions regarding type of information required.) Television Production (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2008	Payee name Ridways Payee address; City; State; Zip Code 615 S. Lamar Austin, TX 78704	Amount (\$) \$70.15
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/30 Report: 74/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/27/2008	5 Payee name Ridways 6 Payee address; City; State; Zip Code 615 S. Lamar Austin, TX 78704	7 Amount (\$) \$70.15
8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/13/2008	Payee name S&W Capitol Advisers Payee address; City; State; Zip Code P.O. Box 81514 Austin, TX 78708	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2008	Payee name Safe Way Rental Equipment Co, Inc. Payee address; City; State; Zip Code Box 459 Austin, TX 78767	Amount (\$) \$47.53
Purpose of payment (See instructions regarding type of information required.) Equipment Rental (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/03/2008	Payee name Safe Way Rental Equipment Co, Inc. Payee address; City; State; Zip Code Box 459 Austin, TX 78767	Amount (\$) \$225.70
Purpose of payment (See instructions regarding type of information required.) Equipment Rental (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/30 Report: 75/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/24/2008	5 Payee name Specs 6 Payee address; City; State; Zip Code 4970 W. Hwy 290 Austin, TX 78745	7 Amount (\$) \$87.31
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/03/2008	Payee name Specs Payee address; City; State; Zip Code 4970 W. Hwy 290 Austin, TX 78745	Amount (\$) \$257.21
Purpose of payment (See instructions regarding type of information required.) Election Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$124.37
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$296.21
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/30 Report: 76/81	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	

4 Date 03/04/2008	5 Payee name Studio 6 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	7 Amount (\$) \$4.95
8 Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/04/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$174.11
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/04/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$67.85
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/04/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$67.85
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/30 Report: 77/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/04/2008	5 Payee name Super 8 Motel 6 Payee address; City; State; Zip Code 5526 North I-35 Austin, TX 78751	7 Amount (\$) \$80.49
8 Purpose of payment (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/29/2008	Payee name Susan Harry Consulting Payee address; City; State; Zip Code 2520 Longview Drive Austin, TX 78705	Amount (\$) \$3,111.61
Purpose of payment (See instructions regarding type of information required.) Consulting / mileage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Taco Deli Payee address; City; State; Zip Code 1500 Spyglass Drive Austin, TX 78746	Amount (\$) \$570.01
Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/14/2008	Payee name Texas Gas Service Payee address; City; State; Zip Code P.O. Box 31427 Austin, TX 79931-0427	Amount (\$) \$399.23
Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/30 Report: 78/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 03/14/2008	5 Payee name The Villager 6 Payee address; City; State; Zip Code 1223-A Rosewood Ave Austin, TX 78702	7 Amount (\$) \$840.00
8 Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/24/2008	Payee name The Villager Payee address; City; State; Zip Code 1223-A Rosewood Ave Austin, TX 78702	Amount (\$) \$240.00
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 02/26/2008	Payee name Tops Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	Amount (\$) \$89.58
Purpose of payment (See instructions regarding type of information required.) office equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/24/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Table Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/30 Report: 79/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/11/2008	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code Central Park West Austin, TX 78703	7 Amount (\$) \$369.00
8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/25/2008	Payee name University Democrats Payee address; City; State; Zip Code 100C West Dean Keeton, SOC #145 Austin, TX 78702	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/25/2008	Payee name UT Texas Student Publications Payee address; City; State; Zip Code 2500 Whitis Austin, TX 78712	Amount (\$) \$920.00
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2008	Payee name UT Texas Student Publications Payee address; City; State; Zip Code 2500 Whitis Austin, TX 78712	Amount (\$) \$920.00
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/30 Report: 80/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 02/26/2008	5 Payee name Valero Corner Store 6 Payee address; City; State; Zip Code 8628 Manchaca Austin, TX 78745	7 Amount (\$) \$30.00
8 Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/06/2008	Payee name Valero Corner Store Payee address; City; State; Zip Code 8628 Manchaca Rd Austin, TX 78745	Amount (\$) \$35.13
Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/12/2008	Payee name Valero Corner Store Payee address; City; State; Zip Code 4608 William Cannon Austin, TX 78745	Amount (\$) \$39.50
Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Date 03/18/2008	Payee name Valero Corner Store Payee address; City; State; Zip Code 8628 Manchaca Austin, TX 78745	Amount (\$) \$33.37
Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/30 Report: 81/81
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/21/2008	5 Payee name Valero Corner Store 6 Payee address; City; State; Zip Code 8628 Manchaca Austin, TX 78745	7 Amount (\$) \$35.44
8 Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2008	Payee name Walmart Payee address; City; State; Zip Code 710 E. Ben White Austin, TX 78704	Amount (\$) \$141.68
Purpose of payment (See instructions regarding type of information required.) Election Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: